



## Welcome and Thank You Text

### Welcome Text

Thanks for using the Social Security Administration's online disability appeal. You've been randomly chosen to take part in a brief survey to let us know what we're doing well and where we can improve. Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible.

### Thank You Text

Thank you for taking our survey - and for helping us serve you better.

Please take a few minutes to share your opinions, which are essential in helping us provide the best online experience possible.

### Welcome Text - Alternate

Thank you for visiting [Company/Site/Agency]. You have been randomly selected to take part in this survey that is being conducted by ForeSee on behalf of the [Company/Site/Agency]. Please take a few minutes to give us your feedback. All results are strictly confidential.

### Thank You Text - Alternate

Thank you for taking our survey - and for helping us serve you better.

Please note you will not receive a response from us based on your survey comments. If you would like us to contact you about your feedback, please visit the Contact Us section of our web site.



### Customer Satisfaction Survey

Thank you for visiting our site. You've been randomly chosen to take part in a brief survey to let us know how we are doing and where we can improve.

Please take a few minutes to share your opinions, which are essential in helping us provide the best experience possible.


Thank you for taking our survey - and for helping us serve you better.  
We appreciate your input!

Cancel

Submit

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[ForeSee](#) [ForeSee Privacy Policy](#) [Survey Support](#)

Model Name	SSA iAppeals v2	<del>Red &amp; Strike-Through</del>	Delete	
Model ID	tEtMY0Q8EMsQIUKrVvUM4w4C	<u>Underlined &amp; Italicized</u>	Re-order	
Partitioned	Yes	Pink: Addition		
Date	1/27/2017	Blue: Reword		

Label	Element Questions	Label	Satisfaction Questions	Label	Future Behaviors
1	<b>Look and Feel (1=Poor, 10=Excellent, Don't Know)</b> Please rate the <b>visual appeal</b> of the online disability appeal.	10	<b>Satisfaction - Overall</b> What is your <b>overall satisfaction</b> with the online disability appeal? (1=Very Dissatisfied, 10=Very Satisfied)	13	<b>Use other online applications (1=Very Unlikely, 10=Very Likely)</b> How likely are you to use other on-line applications/forms on the Social Security web site?
2	Please rate the <b>balance of graphics and text</b> on the online disability appeal.	11	<b>Satisfaction - Expectations</b> How well does the online disability appeal <b>meet your expectations</b> ? (1= Falls Short, 10=Exceeds)		
3	Please rate the <b>readability of the pages</b> on the online disability appeal.	12	<b>Satisfaction - Ideal</b> How does the online disability appeal <b>compare to your idea of an ideal online form</b> ? (1=Not Very Close, 10=Very Close)		
4	<b>Site Performance (1=Poor, 10=Excellent, Don't Know)</b> Please rate how <b>quickly pages load</b> on the online disability appeal.				
5	Please rate the <b>consistency of speed from page to page</b> of the online disability appeal.				
6	Please rate the <b>ability to load pages without getting error messages</b> on the online disability appeal.				
7	<b>Online Application Process (1=Poor, 10=Excellent, Don't Know)</b> Please rate the <b>clarity of the instructions</b> to complete the online disability appeal.				
8	Please rate the <b>simplicity of completing</b> the online disability appeal.				
9	Please rate the <b>number of steps for entering the information</b> into the online disability appeal.				

Model Name SSA iAppeals v2  
 Model ID tEtMY0Q8EMsQIUkRvWUM4w4C  
 Partitioned Yes  
 Date 7/30/2018

~~Red & Strike-Through~~: Delete  
Underlined & Italicized: Re-order  
 Pink: Addition  
 Blue: Reword

QID	QUESTION META TAG	Skip From	Question Text	Answer Choices	Skip To	Required Y/N	Type
BUC0250330			Before visiting SSA.gov did you first try to accomplish your task in any of the following ways?	Calling Social Security's 1-800 number Visiting my local Social Security office Calling my local Social Security office No, I visited SSA.gov first Not sure		Y	Checkbox, one up vertical
KMJ4615Q044			Which type of appeal did you work on today?	Medical Disability Appeal Other Non-Medical Appeal	<b>A,D,E,G,J,K,M,P</b> <b>1,2,3,5,8,10</b>	Y	Radio button, one-up vertical
KMJ4615Q045		<b>A</b>	Which of the following best describes your role in using the online appeal today?	Self Attorney or attorney's staff Non-attorney representative or non-attorney representative's staff Other third party representative (e.g., family member, social service agency worker, case manager)	<b>B</b> <b>B</b>	Y	Radio button, one-up vertical
KMJ4615Q046		<b>B</b>	Did you complete an appeal for more than one client during this session?	Yes No	<b>C</b>	Y	Radio button, one-up vertical
KMJ4615Q047		<b>C</b>	During this visit, how many clients did you file an appeal for?	2 3 4 or more clients		Y	Radio button, one-up vertical
KMJ4615Q048		<b>D</b>	How often do you use the online appeal?	This was the first time Less than five times a week 5-10 times per week 11-25 times per week More than 25 times per week		Y	Radio button, one-up vertical
KMJ4615Q049		<b>E</b>	Did you start a new online appeal today or return to a previously saved appeal?	I started a new appeal I returned to a previously saved appeal	<b>F</b>	Y	Radio button, one-up vertical
KMJ4615Q050		<b>F</b>	Please tell us why you did not complete your appeal during your initial session.			N	Text field, <100 char
KMJ4615Q051		<b>G</b>	Did you complete and submit your online appeal today?	Yes, I completed and submitted my online appeal today No	<b>AA</b> <b>H,Q</b>	Y	Radio button, one-up vertical
BUC0250371		<b>AA</b>	How many attempts did you need to accomplish your task?	1 2 3 4 5 or more		Y	Radio button, one-up vertical
KMJ4615Q052		<b>H</b>	Please tell us why you did not complete your appeals application today. Check all that apply.	I didn't have information I needed to complete the application, such as names, addresses, or dates I didn't understand what the questions meant or how to answer My disabling condition prevents me from working with a computer for long periods I had a limited amount of time/family demands that kept me from working on it for very long I had technical problems, i.e., an error message or a mistake I couldn't fix It takes too long to fill out It's too complicated to complete without help Other, please specify	<b>I</b>	Y	Checkbox, one-up vertical
KMJ4615Q053		<b>I</b>	What is your other reason?			N	Text field, <100 char
KMJ4615Q054		<b>Q</b>	What do you plan to do next?	I will complete my appeal at a later time Browse the SSA website I will visit my local Social Security Office I do not know what I will do next at this time		Y	Radio button, one-up vertical

KMJ4615Q055		<b>J</b>	How much time have you spent on your online disability appeal?	<p>I <b>do not</b> plan to complete my appeal</p> <p>Less than 20 minutes</p> <p>20 - 40 minutes</p> <p>41 minutes - 1 hour</p> <p>More than 1 hour but less than 2 hours</p> <p>More than 2 hours but less than 3 hours</p> <p>More than 3 hours</p> <p>Not sure</p>		Y	Radio button, one-up vertical
KMJ4615Q056		<b>K</b>	Did you experience any of the following while completing the online appeal? Check all that apply.	<p>The questions did not seem to be organized in a logical manner</p> <p>I had difficulty understanding the questions because they were not clearly written</p> <p>I did not have the information necessary to answer the questions</p> <p>I had difficulty editing the medical information (e.g., doctors, medication, etc.)</p> <p>I had difficulty editing other information</p> <p>I was unable to print the application</p> <p>I did not have enough time to complete the application</p> <p>I received an error message or was "kicked out" of the appeal</p> <p>The text box blanks did not allow enough characters for my answers</p> <p>Other</p> <p>I did not have any difficulties</p>	L	Y	Checkbox, one-up vertical
KMJ4615Q057		<b>L</b>	So that we can better identify the difficulties you indicated above, please provide specific information if possible. (e.g., Which questions or sections were difficult? Where did you receive an error message? etc.)			N	Text field, <100 char
KMJ4615Q058		<b>M</b>	Did you have ALL of your personal and medical information ready when you started?	<p>Yes</p> <p>No</p>	N,O	Y	Radio button, one-up vertical
KMJ4615Q059		<b>N</b>	What personal and/or medical information did you not have ready when you started?			N	Text field, <100 char
KMJ4615Q060		<b>O</b>	Could we have provided any additional information or assistance to help you be more prepared?			N	Text field, <100 char
KMJ4615Q061		<b>P</b>	How can we improve the online disability appeal? Please be as specific as possible. (Examples: What information could we have provided upfront? Do you have any suggested changes or updates?)			N	Text field, <100 char
KMJ4615Q062		<b>1</b>	Which of the following best describes your role in using the online appeal today?	<p>Self</p> <p>Attorney or attorney's staff</p> <p>Non-attorney representative or non-attorney representative's staff</p> <p>Other third party representative (e.g., family member, social service agency worker, case manager)</p>		Y	Radio button, one-up vertical
KMJ4615Q063		<b>2</b>	How much time have you spent on your online appeal?	<p>Less than 10 minutes</p> <p>10 - 20 minutes</p> <p>21 - 40 minutes</p> <p>41 minutes - 1 hour</p> <p>More than 1 hour but less than 2 hours</p> <p>More than 2 hours</p> <p>Not sure</p>		Y	Radio button, one-up vertical
KMJ4615Q064		<b>3</b>	Did you experience any of the following while completing the online appeal? Check all that apply.	<p>The questions did not seem to be organized in a logical manner</p> <p>I had difficulty understanding the questions because they were not clearly written</p> <p>I did not have the information necessary to answer the questions</p> <p>I had difficulty editing the required information</p> <p>I had difficulty editing other information</p> <p>I was unable to print the application</p> <p>I did not have enough time to complete the application</p> <p>I received an error message or was "kicked out" of the appeal</p>		Y	Checkbox, one-up vertical

				The text box blanks did not allow enough characters for my answers Other I did not have any difficulties	4		
KMJ4615Q065		4	Please provide specific information as to your difficulty. (Which questions or sections were difficult? Where did you receive an error message? etc.)			N	Text field, <100 char
KMJ4615Q066		5	Did you have ALL of your information ready when you started?	Yes No	6,7	Y	Radio button, one-up vertical
KMJ4615Q067		6	What information did you not have ready when you started?			N	Text field, <100 char
KMJ4615Q068		7	Could we have provided any additional information or assistance to help you be more prepared?			N	Text field, <100 char
KMJ4615Q069		8	Did you submit your appeals application today?	Yes No	9	Y	Radio button, one-up vertical
KMJ4615Q070		9	What do you plan to do next?	I will complete my appeal at a later time Browse the SSA website I will visit my local Social Security Office Call the SSA 1-800 number I do not know what I will do next at this time Other (please specify)	OT	Y	Radio button, one-up vertical
BUC0250387		OT	What do you plan to do next?			Y	Text area no limit
KMJ4615Q071		10	How can we improve the online appeal? Please be as specific as possible. (Examples: What information could we have provided upfront? Do you have any suggested changes or updates?)			N	Text field, <100 char
UNG0123786			Did you have any documents to upload?	Yes No	A	Y	Radio button, one-up vertical
UNG0123810	A	Did you use the attachment feature to upload your documents?	Yes No	C D	Y	Drop down, select one	
UNG0123811	C	Please tell us how easy it was to upload your attachments.	I had little or no difficulty uploading my attachment(s) I found it somewhat difficult to upload my attachment(s)	E	Y	Radio button, one-up vertical	
UNG0123787	E	Please describe the difficulty you experienced.			N	Text field, <100 char	
UNG0123840	D	Why didn't you use the attachment feature?	I will upload them later because I am not finished yet I do not have electronic copies of my document(s) to upload I was not clear on how to upload my document(s) I did not see the attachment feature I forgot to upload my document(s) My documents were too big to upload Received an error message Other, please specify	F	Y	Radio button, one-up vertical	
UNG0123841	F	Please specify your other reason.			N	Text field, <100 char	
MAC0714		How helpful was the information on the online appeal Welcome Page?	Very helpful Somewhat helpful Not helpful at all Did not read the Welcome Page		Y	Drop down, select one	
CAS0045693		How helpful were the links to pop-up help pages (as indicated by a blue question mark) throughout the online appeal application?	Very helpful Somewhat helpful Not helpful at all Did not read the help links Did not see the blue question marks		Y	Drop down, select one	
STE0078190		How helpful was the "Information You Will Need" checklist that was provided on the disability appeal Welcome Page?	Very helpful		Y	Drop down, select one	

			Somewhat helpful			
			Not helpful at all			
			Did not review the checklist			
			Don't remember seeing the link to the checklist			
MAC0713		Please rate the ease of navigating through the online appeal.	Very easy		Y	Drop down, select one
			Somewhat easy			
			Somewhat difficult			
			Very difficult			
STE0078182		What is your permanent residence?	United States or one of its territories / commonwealths		Y	Radio button, one-up vertical
			Foreign country			
			I prefer not to answer			



Special Instructions	CQ Label
	First try
Mutually exclusive	
Skip Logic Group*	Appeal Category
Skip Logic Group*	Medical Role
Skip Logic Group*	Medical Attorney Appeal
Skip Logic Group*	Medical Num of Clients
Skip Logic Group*	Medical Frequency
Skip Logic Group*	Medical Start or Return
Skip Logic Group*	Medical Why Return
Skip Logic Group*	Medical Submit
Skip Logic Group*	Number of attempts
Skip Logic Group*	Medical Not Submit
Skip Logic Group*	OE_Medical Not Submit
Skip Logic Group*	Medical Do Next



Skip Logic Group*	Medical Time
Skip Logic Group*	Medical Form Experience
Mutually Exclusive	
Skip Logic Group*	OE_Medical Form Experience
Skip Logic Group*	Medical Info
Skip Logic Group*	OE_Medical Info
Skip Logic Group*	Medical Info Help
Skip Logic Group*	Medical Improvement
Skip Logic Group*	Other Role
Skip Logic Group*	Other Time
Skip Logic Group*	Other Form Experience

Mutually Exclusive	
Skip Logic Group*	OE_Other Form Experience
Skip Logic Group*	Other Info
Skip Logic Group*	OE_Other Info
Skip Logic Group*	Other Info Help
Skip Logic Group*	Other Submit
Skip Logic Group*	Other Do Next
	OE_Do next
Skip Logic Group*	Other Improvement
Skip Logic Group*	Upload Docs
Skip Logic Group*	Use Attachment Feature
Skip Logic Group*	Ease of Upload
Skip Logic Group*	OE_UploadDifficulty
Skip Logic Group*	Did Not Attach
Skip Logic Group*	OE_Did Not Attach
	Welcome Page
	Pop-up Help Links
	Checklist Helpful

	Ease of Navigating
	Residence

Model Name SSA iAppeals v2  
 Model ID tEtMY0Q8EMsQIUkRvWUM4w4C  
 Partitioned Yes  
 Date 7/30/2018

~~Red & Strike-Through~~: Delete  
Underlined & Italicized: Re-order  
 Pink: Addition  
 Blue: Reword

QID	QUESTION META TAG	Skip From	Question Text	Answer Choices	Skip To	Required Y/N	Type
			Before visiting SSA.gov did you first try to accomplish your task in any of the following ways?	Calling Social Security's 1-800 number Visiting my local Social Security office Calling my local Social Security office No, I visited SSA.gov first Not sure		Y	Checkbox, one up vertical    Mutually exclusive
KMJ4615Q044			Which type of appeal did you work on today?	Medical Disability Appeal Other Non-Medical Appeal	A,D,E,G,J,K,M,P  1,2,3,5,8,10	Y	Radio button, one-up vertical
KMJ4615Q045		A	Which of the following best describes your role in using the online appeal today?	Self Attorney or attorney's staff Non-attorney representative or non-attorney representative's staff Other third party representative (e.g., family member, social service agency worker, case manager)	B B	Y	Radio button, one-up vertical
KMJ4615Q046		B	Did you complete an appeal for more than one client during this session?	Yes No	C	Y	Radio button, one-up vertical
KMJ4615Q047		C	During this visit, how many clients did you file an appeal for?	2 3 4 or more clients		Y	Radio button, one-up vertical
KMJ4615Q048		D	How often do you use the online appeal?	This was the first time Less than five times a week 5-10 times per week 11-25 times per week More than 25 times per week		Y	Radio button, one-up vertical
KMJ4615Q049		E	Did you start a new online appeal today or return to a previously saved appeal?	I started a new appeal I returned to a previously saved appeal	F	Y	Radio button, one-up vertical
KMJ4615Q050		F	Please tell us why you did not complete your appeal during your initial session.			N	Text field, <100 char
KMJ4615Q051		G	Did you complete and submit your online appeal today?	Yes, I completed and submitted my online appeal today No	AA  H,Q	Y	Radio button, one-up vertical
		AA	How many attempts did you need to accomplish your task?	1 2 3 4 5 or more		Y	Radio button, one-up vertical
KMJ4615Q052		H	Please tell us why you did not complete your appeals application today. Check all that apply.	I didn't have information I needed to complete the application, such as names, addresses, or dates I didn't understand what the questions meant or how to answer My disabling condition prevents me from working with a computer for long periods I had a limited amount of time/family demands that kept me from working on it for very long I had technical problems, i.e., an error message or a mistake I couldn't fix It takes too long to fill out It's too complicated to complete without help Other, please specify	I	Y	Checkbox, one-up vertical
KMJ4615Q053		I	What is your other reason?			N	Text field, <100 char
KMJ4615Q054		Q	What do you plan to do next?	I will complete my appeal at a later time Browse the SSA website I will visit my local Social Security Office I do not know what I will do next at this time I do not plan to complete my appeal		Y	Radio button, one-up vertical

KMJ4615Q055		<b>J</b>	How much time have you spent on your online disability appeal?	Less than 20 minutes 20 - 40 minutes 41 minutes - 1 hour More than 1 hour but less than 2 hours More than 2 hours but less than 3 hours More than 3 hours Not sure		Y	Radio button, one-up vertical
KMJ4615Q056		<b>K</b>	Did you experience any of the following while completing the online appeal? Check all that apply.	The questions did not seem to be organized in a logical manner I had difficulty understanding the questions because they were not clearly written I did not have the information necessary to answer the questions I had difficulty editing the medical information (e.g., doctors, medication, etc.) I had difficulty editing other information I was unable to print the application I did not have enough time to complete the application I received an error message or was "kicked out" of the appeal The text box blanks did not allow enough characters for my answers Other I did not have any difficulties	L	Y	Checkbox, one-up vertical
KMJ4615Q057		<b>L</b>	So that we can better identify the difficulties you indicated above, please provide specific information if possible. (e.g., Which questions or sections were difficult? Where did you receive an error message? etc.)			N	Text field, <100 char
KMJ4615Q058		<b>M</b>	Did you have ALL of your personal and medical information ready when you started?	Yes No	N,O	Y	Radio button, one-up vertical
KMJ4615Q059		<b>N</b>	What personal and/or medical information did you not have ready when you started?			N	Text field, <100 char
KMJ4615Q060		<b>O</b>	Could we have provided any additional information or assistance to help you be more prepared?			N	Text field, <100 char
KMJ4615Q061		<b>P</b>	How can we improve the online disability appeal? Please be as specific as possible. (Examples: What information could we have provided upfront? Do you have any suggested changes or updates?)			N	Text field, <100 char
KMJ4615Q062		<b>1</b>	Which of the following best describes your role in using the online appeal today?	Self Attorney or attorney's staff Non-attorney representative or non-attorney representative's staff Other third party representative (e.g., family member, social service agency worker, case manager)		Y	Radio button, one-up vertical
KMJ4615Q063		<b>2</b>	How much time have you spent on your online appeal?	Less than 10 minutes 10 - 20 minutes 21 - 40 minutes 41 minutes - 1 hour More than 1 hour but less than 2 hours More than 2 hours Not sure		Y	Radio button, one-up vertical
KMJ4615Q064		<b>3</b>	Did you experience any of the following while completing the online appeal? Check all that apply.	The questions did not seem to be organized in a logical manner I had difficulty understanding the questions because they were not clearly written I did not have the information necessary to answer the questions I had difficulty editing the required information I had difficulty editing other information I was unable to print the application I did not have enough time to complete the application I received an error message or was "kicked out" of the appeal The text box blanks did not allow enough characters for my answers Other I did not have any difficulties	4	Y	Checkbox, one-up vertical

KMJ4615Q065		4	Please provide specific information as to your difficulty. (Which questions or sections were difficult? Where did you receive an error message? etc.)			N	Text field, <100 char	
KMJ4615Q066		5	Did you have ALL of your information ready when you started?	Yes	6,7	Y	Radio button, one-up vertical	
				No				
KMJ4615Q067		6	What information did you not have ready when you started?			N	Text field, <100 char	
KMJ4615Q068		7	Could we have provided any additional information or assistance to help you be more prepared?			N	Text field, <100 char	
KMJ4615Q069		8	Did you submit your appeals application today?	Yes	9	Y	Radio button, one-up vertical	
				No				
KMJ4615Q070		9	What do you plan to do next?	I will complete my appeal at a later time	OT	Y	Radio button, one-up vertical	
				Browse the SSA website				
				I will visit my local Social Security Office				
				Call the SSA 1-800 number				
				I do not know what I will do next at this time				
		OT	What do you plan to do next?	Other (please specify)		Y	Text area no limit	
KMJ4615Q071		10	How can we improve the online appeal? Please be as specific as possible. (Examples: What information could we have provided upfront? Do you have any suggested changes or updates?)			N	Text field, <100 char	
UNG0123786			Did you have any documents to upload?	Yes	A	Y	Radio button, one-up vertical	
				No				
UNG0123810		A	Did you use the attachment feature to upload your documents?	Yes	C	Y	Drop down, select one	
				No	D			
UNG0123811		C	Please tell us how easy it was to upload your attachments.	I had little or no difficulty uploading my attachment(s)	E	Y	Radio button, one-up vertical	
				I found it somewhat difficult to upload my attachment(s)				
UNG0123787		E	Please describe the difficulty you experienced.			N	Text field, <100 char	
UNG0123840		D	Why didn't you use the attachment feature?	I will upload them later because I am not finished yet	F	Y	Radio button, one-up vertical	
				I do not have electronic copies of my document(s) to upload				
				I was not clear on how to upload my document(s)				
				I did not see the attachment feature				
				I forgot to upload my document(s)				
				My documents were too big to upload				
				Received an error message				
				Other, please specify				
UNG0123841		F	Please specify your other reason.			N	Text field, <100 char	
MAC0714			How helpful was the information on the online appeal Welcome Page?	Very helpful		Y	Drop down, select one	
				Somewhat helpful				
				Not helpful at all				
				Did not read the Welcome Page				
CAS0045693			How helpful were the links to pop-up help pages (as indicated by a blue question mark) throughout the online appeal application?	Very helpful		Y	Drop down, select one	
				Somewhat helpful				
				Not helpful at all				
				Did not read the help links				
				Did not see the blue question marks				
STE0078190			How helpful was the "Information You Will Need" checklist that was provided on the disability appeal Welcome Page?	Very helpful		Y	Drop down, select one	
				Somewhat helpful				
				Not helpful at all				
				Did not review the checklist				

MAC0713		Please rate the ease of navigating through the online appeal.	Don't remember seeing the link to the checklist Very easy Somewhat easy Somewhat difficult Very difficult		Y	Drop down, select one
STE0078182		What is your permanent residence?	United States or one of its territories / commonwealths Foreign country I prefer not to answer		Y	Radio button, one-up vertical



Special Instructions	CQ Label
	First try
Skip Logic Group*	Appeal Category
Skip Logic Group*	Medical Role
Skip Logic Group*	Medical Attorney Appeal
Skip Logic Group*	Medical Num of Clients
Skip Logic Group*	Medical Frequency
Skip Logic Group*	Medical Start or Return
Skip Logic Group*	Medical Why Return
Skip Logic Group*	Medical Submit
Skip Logic Group*	Number of attempts
Skip Logic Group*	Medical Not Submit
Skip Logic Group*	OE_Medical Not Submit
Skip Logic Group*	Medical Do Next



Skip Logic Group*	Medical Time
Skip Logic Group*	Medical Form Experience
Mutually Exclusive	
Skip Logic Group*	OE_Medical Form Experience
Skip Logic Group*	Medical Info
Skip Logic Group*	OE_Medical Info
Skip Logic Group*	Medical Info Help
Skip Logic Group*	Medical Improvement
Skip Logic Group*	Other Role
Skip Logic Group*	Other Time
Skip Logic Group*	Other Form Experience
Mutually Exclusive	

Skip Logic Group*	OE_Other Form Experience
Skip Logic Group*	Other Info
Skip Logic Group*	OE_Other Info
Skip Logic Group*	Other Info Help
Skip Logic Group*	Other Submit
Skip Logic Group*	Other Do Next
	OE Do next
Skip Logic Group*	Other Improvement
Skip Logic Group*	Upload Docs
Skip Logic Group*	Use Attachment Feature
Skip Logic Group*	Ease of Upload
Skip Logic Group*	OE_UploadDifficulty
Skip Logic Group*	Did Not Attach
Skip Logic Group*	OE_Did Not Attach
	Welcome Page
	Pop-up Help Links
	Checklist Helpful

	Ease of Navigating
	Residence